

SERIAL NUMBER 09/117,838	FILING DATE 08/12/98	CLASS 424	GROUP ART UNIT 1623	ATTORNEY DOCKET NO.
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APPLICANT

OLEG LLIICH EPHSTEIN, MOSCOW, RUSSIAN FEDERATIO.

## \*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

tb

## \*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A 371 OF PCT/RU97/00026 02/10/97

tb

## \*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED	RUSSIAN FEDERATIO	96102195	02/12/96
<u>tb</u>	RUSSIAN FEDERATIO	96102209	02/12/96
	RUSSIAN FEDERATIO	96107564	04/24/96

## \*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY RUX	SHEETS DRAWING 0	TOTAL CLAIMS 4	INDEPENDENT CLAIMS 3
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ADDRESS

ILYA ZBOROVSKY  
6 SCHOOLHOUSE WAY  
DIX HILLS NY 11746

PHONE: (516)243-3818

TITLE

MEDICAMENT AND METHOD OF TREATING AN ORGANISM WITH MEDICAMENTS

FILING FEE RECEIVED \$535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 / 117838 RECEIPT DATE: 08 / 12 / 98  
NUMBER: PCT/ RU97 / 00026 IA FILING DATE: 02 / 10 / 97  
FAMILY NAME: EPSHTEIN DELAY WAIVED (Y/N): Y  
VEN NAME: OLEG DEMAND RECEIVED (Y/N): N  
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 02 / 12 / 96  
BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N  
ATTORNEY DOCKET NUMBER: COUNTRY: RUX  
RESPONDENT NAME/ADDRESS: CUSTOMER NUMBER: TELEPHONE 514 243 3818  
NAME: ILYA FAX  
STREET: 6 SCHOOLHOUSE WAY  
CITY: DIX HILLS  
STATE/COUNTRY: NY ZIP: 11746  
CITY: DIX HILLS  
LOCATION TITLES:  
EDICAMENT AND

TAB TO LAST POSITION, PUSH SEND